

12-29-06

PART B-- FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590 10/31/2006

E. Victor Indiano  
Suite 850 1300  
One North Pennsylvania Street  
Indianapolis, IN 46204

12/29/2006 GWORDOF2 00000036 10811121

01 FC:1501 1400.00 OP  
02 FC:1504 300.00 OP

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Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/811,121	03/26/2004	Kevin D. Burrow	7432-0054	9223

TITLE OF INVENTION: ADJUSTABLE LENGTH BREATHING CIRCUIT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES <u>NO</u>	\$700	\$300	\$0	\$1000	01/31/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
MITCHELL, TEENA KAY	3771	128-911000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 E. VICTOR INDIANO  
2 INDIANO VAUGHAN LLP  
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

KING SYSTEMS  
CORPORATION

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

NOBLESVILLE, IN 46060

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee  
☒ Publication Fee (No small entity discount permitted)  
☐ Advance Order - # of Copies

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☒ A check is enclosed. (few checks)  
☐ Payment by credit card. Form PTO-2038 is attached.  
☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature E. Victor Indiano  
Typed or printed name E. VICTOR INDIANO

Date 28 December 2006  
Registration No. 30,143

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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E. VICTOR INDIANO



ONE N. PENNSYLVANIA STREET, SUITE 1300  
INDIANAPOLIS, INDIANA 46204  
VOICE: (317) 822-0033  
FAX: (317) 822-0055

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Registrant: King Systems Corporation  
Title: ADJUSTABLE LENGTH  
BREATHING CIRCUIT

Application No.: 10/811,121  
Filing Date: 26 March 2004  
Examiner: Mitchell, Teena Kay  
Art Unit: 3771  
Docket No.: 7432-0054

The Director for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**Certificate of Express Mailing Under 1.10**

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as "Express Mail, Post Office to Addressee" by the certificate Number set forth below, in an envelope addressed to: The Director for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date set forth below.

Date: 28 December 2006

Signature:

Marianne E. Ries

Exp. Cert. No. EV943984301US

**Deposit Account**

The Commissioner is hereby authorized to deduct any defect or deficiency in fee, or credit any overpayment to Deposit Account No. 50-1590

**CUSTOMER NUMBER: 31425**

TRANSMITTAL OF ISSUE FEE

Dear Sir:

Enclosed are two (2) checks made payable to the **Director of Patents** totaling the amount of **\$1,700.00** for payment of the large entity Issue Fee on the above-referenced application. Additionally, please find enclosed the Part B - Fee Transmittal sheet.

The Applicant is a Large Entity and thus has enclosed the Large Entity fee.

The Director is hereby authorized to charge any deficiency in payment to, or credit any overpayment to **Deposit Account No. 50-1590**. A duplicate of this sheet is enclosed.

Respectfully yours,

E. Victor Indiano

EVI/mr

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